

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029536

STATE FILE NUMBER

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 197

FILED JUL 18 1963

DO NOT WRITE
ON THIS STUD

AMENDED

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) Huntsville		c. CITY OR TOWN Huntsville	
Length of stay in 1b 4 months		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Pleasant View Home		d. STREET ADDRESS (If outside, give location) Pleasant View Home	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Joseph Middle Samuel Last Shaw		4. DATE OF DEATH Month 7 Day 12 Year 63	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/15/1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY NW of Cairo, Mo.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Wesley Shaw		13b. MOTHER'S MAIDEN NAME Susan Toombs	
14. NAME OF HUSBAND OR WIFE Harriett Shaw		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Lester Shaw Address Moberly, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis DUE TO (b) Cerebral Thrombosis DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 2 days 1 wk ?	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Huntsville, Mo.	
20g. COUNTY Randolph		20h. STATE Missouri	
21. I attended the deceased from 1953 to July 12, 1963 and last saw her alive on July 11, 1963 Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature]	
22b. ADDRESS Huntsville, Mo.		22c. DATE SIGNED 7-13-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/14/63	23c. NAME OF CEMETERY OR CREMATORY Bads Chapel Cemetery	
23d. LOCATION (City, town, or county) NW of Cairo, Mo.		23e. STATE Missouri	
24. FUNERAL DIRECTOR Million & Greer		25. DATE RECD. BY LOCAL REG. 7-15-1963	
26. REGISTRAR'S SIGNATURE [Signature]		27. DATE 7-15-1963	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Larry R. Million, Student Embalmer No. 699

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 3957

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.